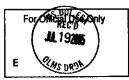
U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Forn approved Office of Management and Budget No. 215-0188 Expire; 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



1. File Number U - 2886

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

	7/7/04 Through: 12/31/04
3. Name and address of person filing.	4. Name, file number, and address of labor organization.
Name KENNETH L BREIN	Name INT. UNION OPERATING ENG.
<u> </u>	Labor Organization File Number 004-588
P.O. Box, Bldg., Room No., if any 279	P.O. Box, Building and Room Number, if any
Street A/A	Street 2829 ANTHONY LANE SO.
City BAGCEY	City MACS
State MN ZIP Code + 4 56621	State MN. ZIP Code + 4 5 5 418
5. Position in labor organization. AREA BUS. REP	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions): A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of	
monetary value from an employer whose employees your organization	ion represents or is actively seeking to represent.
6. Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.
6. Name and address of Employer (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	
Name Trade Name, if any:	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4	7.a. Nature of Interest, Transaction, or Income.
Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City State ZIP Code + 4 Sig	7.a. Nature of interest, Transaction, or Income. 7.b. Amount. 8. Ferjury and other applicable penalties of the law, that all of the information lying documents), has been examined by the signatory and is, to the best of the

<u> 32</u>5 (55) <u>(10) - **90/4** (16) (16) (16) (20) (20) (20) (20)</u>

Name of Person Filling KENNETIT L. BREIN	File Number U- 288 Ce	
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or seiling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.		
8. Name and address of Business (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	9. Business deals with: a. Labor Organization b. Trust c. Employer	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.	
Name TWIN CITY HOISTING 4 PORTABLE Trade Name, if any: N/A P.O. Box, Bldg., Room No., if any N/A	CLEANING LOCAL 49 affice @ BAGLEY MN	
Street 2829 ANTHONY LN. So	11.b. Approximate dollar value of such dealing. //oc.pe R YR	
City MPLS	12.a. Nature of interest held or income received.	
State MN ZIP Code + 4 554/8	N/A	
	12.b. Amount.	
C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.		
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.	
Name		
Trade Name, if any:	$ \mathcal{N}/A $	
P.O. Box, Bldg., Room No., if any		
Street		
City		
State ZiP Code + 4		
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.	
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